



Summary: HEAR CSO Consultation Western Europe and North America Regional Consultation 9 October, 2025

Background

The Health Architecture Reimagined Civil Society Organizations Consortium (HEAR CSO) launched in September 2025 with the goal of creating forums for civil society working across health topics and domains of global health architecture to discuss and explore visions for the futures of global health architecture. HEAR CSO is convened by diverse groups including the Civil Society Engagement Mechanism for UHC 2030, the Global Network of People living with HIV, International Treatment Preparedness Coalition, Noncommunicable Diseases Alliance, Stop AIDS UK and WACI Health. Through 10 regional consultations, global and national engagements, HEAR CSO is generating visions and priorities to support civil society engagement in multistakeholder processes. This summary was created for participants in the 9 October Western Europe and North America Regional Consultation.

Approach

The outcomes summarized in this document are based on the “Causal Layered Analysis”

(CLA) approach. HEAR CSO developed a toolkit and methodology based on CLA for its consultation because of CLA’s ability to help surface transformative solutions. Instead of simply reacting to the current state of the world, CLA invites teams to question existing narratives, reframe problems, and envision alternative futures. For example, while a Problem Tree Analysis might identify a lack of health facilities in rural areas as a cause of poor health outcomes for some populations, CLA would take this further by asking ‘What institutional systems contribute to this lack of health facilities?’, ‘What societal beliefs about health or rural communities might limit equitable access?’, ‘What cultural narratives reinforce ideas around who deserves health care on demand’. By using this approach, our consultations move towards “preferred futures” that address systemic barriers, change perceptions, and create realities that rely on social transformation.

Causal Layered Analysis involves exploring a challenge through four distinct layers. In the HEAR CSO methodology, these are called “stories” (the soundbites, headlines or concerns that keep you up at night), the “sources” (data, evidence, community points of view that support the stories), “worldviews” (the social structures in which this data or evidence is created—ie who decides on research agendas, indicators, metrics of human health), and finally “myths and metaphors” (the deep stories and images that underlie our sense of reality.) Each layer provides a different perspective, helping teams move from immediate symptoms to deeper, systemic causes and transformative solutions. The “pyramids” of causal layered analysis for the present and the preferred future are included in this document.



HEAR CSO approaches global health architecture in terms of four domains or areas: governance, coordination of access to public goods, financing and service delivery and implementation. These definitions are included at the end of the document.

Guidance and Governance

Preferred Future: The Human Family

In this future, a new era of global health cooperation and diplomacy is defined and shaped by a centering of communities and community knowledge as a primary source of local and global practices. Civil society and governments in low and lower middle-income countries (LMICs) have a larger, more expansive and meaningful role in global health governance. The pathway to this transformation includes an explicit focus on love and care as the basis for living in global community, with structured reconciliation processes created and implemented to support the healing work of creating decolonised futures. In this future, a permanent end to genocide in Gaza has been achieved, with social structures included a decolonial health system built by and for Palestinians. The process of ending war, conflict and mass killing and re-building in processes led by and for the people suffering most during conflicts has been repeated in other geographies including Sudan, Democratic Republic of the Congo, Ukraine and elsewhere.

Enabling Policies, frameworks, approaches and agencies include:

- A global governance structure that moves beyond State-to-State relations and management from within the UN System and officially includes Civil Society as leadership constituency - embodied by the Global Public Investment principles of all decide in which all key stakeholder groups have equitable representation at decision-making and governance tables
- Broad, global coordination of information sharing related to environmental and public health threats, with technical information linked to local hubs of action for preparedness and response
- Shifts in legal frameworks to ensure national and global policies supportive of bodily autonomy and rights, including access to abortion and an end to violence against women and girls
- All policies reviewed and assessed for contribution to equitable, ethical approaches

Impacts of these and other steps and actions:

- The priorities and needs of all key stakeholders, particularly including those most impacted by particular health issues and those historically more marginalised, meaningfully inform and guide the decisions made by key global, regional and national decision-making bodies on health
- People in LMICs have affordable access to new medical innovations with the same ease and speed as people in the global North and high-income countries
- Increased access to comprehensive coordinated care at community level, that is affordable for all.



- Increased access to education and work (and more) due to healthier lives.

Access to Public Goods

Preferred Future: The Commons – Shared resources accessible to all members of society

In this future, treaties, compacts and national government departments and agencies are aligned in a common, globally shared goal of ensuring equitable access to global public goods that support human and planetary health. The resulting access ecosystem is dynamic, inter-dependent and guided by principles of balance and mutual survival and flourishing. In this future, health workers and human health itself are recognized as global public goods, impacted communities are in leadership roles at the design phase of new technologies, and AI is a beneficial force seeking to improve health and longevity of humans and planet Earth, which is recognized as having a right to health.

Enabling Policies, frameworks, approaches and agencies include:

- Well financed innovation/knowledge hubs, connected to global priority-setting mechanism such as a strengthened or reimagined WHO, exist in all regions of the world and are bound together by global commitments to open science and equitable/affordable access to health technologies
- A reformed UN
- A WHO Framework Convention on Global Health Equity
- The World Trade Organization's Trade-Related Intellectual Property Rights (TRIPS) agreement is replaced with a new system that ensures knowledge sharing and straight to generic pricing
- A Research and Development Treaty ratified by all WHO Member States
- Access conditions framework included in all research and development grants
- Equitable access pact signed by AUTM
- US government replaces USAID with a "US Department of Global Solidarity"
- Accessible repositories in public domain on pricing, data, R&D costs, etc. (other areas linked to transparency)

Impacts of these and other steps and actions:

- An end to HIV as a public health threat
- Vaccine self-sufficiency in sub-Saharan Africa
- Manufacturers based in the global South introduce mRNA vaccines for a range of diseases with share and share-alike terms
- More innovation

Financing

Preferred Future: A Global Web & Safety Net for All

In this future, a "win-win" worldview replaces the "win-lose" or "benefactor-recipient" framework that sees resources flows as taking away from or reflecting the generosity of the giver. In this future, everyone is "winning" when there is equity. Interdependence is understood and empathy and compassion are driving principles for a financing framework
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that rests on a shared belief in fair taxation, an expectation of accountability of all parties, reinvestment of cost-savings from climate resilient communities as funding required for disaster relief reduces. Financing flows previously directed to enforcing criminalisation of drug use, sex work and same-sex sex are redirected to a “Unity Fund” for key and marginalized populations governed by and for these groups. Financing is sufficient and flows in a context where countries that were previously in debt crisis have the fiscal space to invest in health.

Enabling Policies, frameworks, approaches and agencies include:

- Global development financing, particularly those related to global public goods, is structured around Global Public Investment principles of all contribute, all decide and all benefit
- A UN framework convention on tax (and/or debt) to combat illicit financial flows is effective in supporting domestic resource mobilisation.
- Lower transaction costs for remittances
- Progressive revenue raising strategies that combat health inequities
- Countries have well-funded health financing plans and are held accountable for their implementation
- Health workforce is considered a global public good and there is global pooled investment and partnership arrangements to help sustain it and complement national investments. Reliable figures on health workforce migration and investments support this investment.
- The Pandemic Treaty, signed by a majority of WHO Member States, includes a financial commitment.
- CSOs have same access to UN spaces as businesses and private sector.
- Funding localisation ensures funding not captured by dominant institutions/communities in country but reaches frontline implementors/affected communities

Impacts of these and other steps and actions:

- People have access to safe, high quality, affordable care that meets their needs even in rural settings without being financially burdensome.
- Essential medicines are affordable and where possible regionally or locally produced
- Sustained domestic investments ensure health services continue even during global crises and show improvement in terms of accessibility, quality, and out-of-pocket expenses
- No one dies from a preventable disease because their governments or communities lack sufficient funding.

Implementation and Delivery

Preferred Future: Community Tames the Tech Goliath

In this future, regulation for technology and artificial intelligence enable a rise in self-diagnosis technology that requires less connection to medical provider with minimal data leaks and a comprehensive approach to addressing privacy concerns. Access to treatment, prevention and countermeasures is guaranteed after diagnosis: testing without access is considered unethical. An expansion of community, grassroots and faith-based groups’ scope



and influence accompany the ethical, equity-enhancing use of technology, with service delivery facilitated and supported by robust, ongoing funding. Increases in access to tools, resources and health technologies increase life expectancy and shape health systems. Implementation is resourced through decentralised health budgets overseen by decision-making bodies with guaranteed seats for impacted communities. Generic manufacturing is localised to key regions with high burdens of disease to ensure market access meets need. Pooled procurement ensures equitable access for vaccines and diagnostics across all regions.

Enabling Policies, frameworks, approaches and agencies include:

- Global health governance centered on a fully funded, politically independent WHO that has real participation and decision-making power from the Global South.
- Integrated, not siloed approach to public and planetary health: maternal health, NCDs, mental health, HIV, and climate addressed together.
- Power shift to communities: financing, data, and decisions are local-first.
- Memoranda of Understanding link civil society including faith-based groups in contributing to key activities in the health sector

Impacts of these and other steps and actions:

- Life-and-death decisions are made through transparent, public-interest mechanisms.
- AI doctors and robots doing operations
- Faith, culture, and science are partners (not competitors). Tradition strengthens, not competes with, evidence-based care.

Our working definitions

Global health: the field of study, research, and practice concerned with health equity everywhere.

Global health architecture: the systems, structures, institutions, rules and processes that collectively **guide**, **coordinate**, **finance** and **implement** efforts to improve health on a global scale.

Our working definitions, cont'd

By global health architecture, we mean the systems, structures, institutions, rules and processes that collectively **guide**, **coordinate**, **finance** and **implement** efforts to improve health on a global scale.

Guidance and Governance

Relates to how a health system is governed, and focus on issues such as policy authority, organizational authority, commercial authority, professional authority and about how stakeholders are involved in health systems decisions and on what terms. Also informs approaches to cross-border externalities such as disease surveillance and information sharing

Coordination of Global Public Goods Access

Development of new health products, international norms and standards, IP, knowledge generation and sharing, global surveillance, policy and implementation research, market shaping, risk shifting

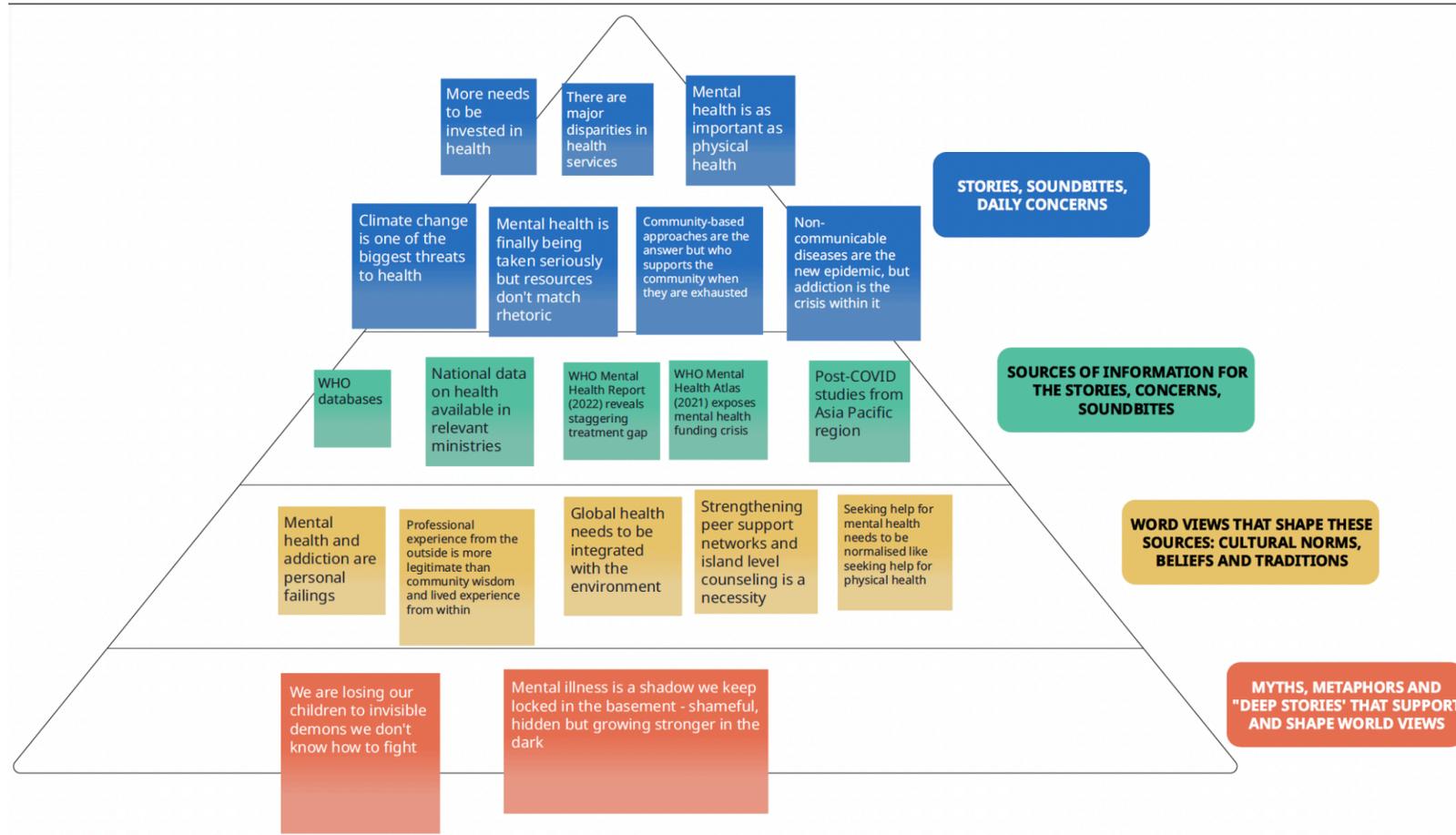
Financing

Relates to how finances flow through health systems, and focus on how systems are financed, types of funding organizations, how to remunerate providers, how products and services are purchased and the incentive structures for consumers

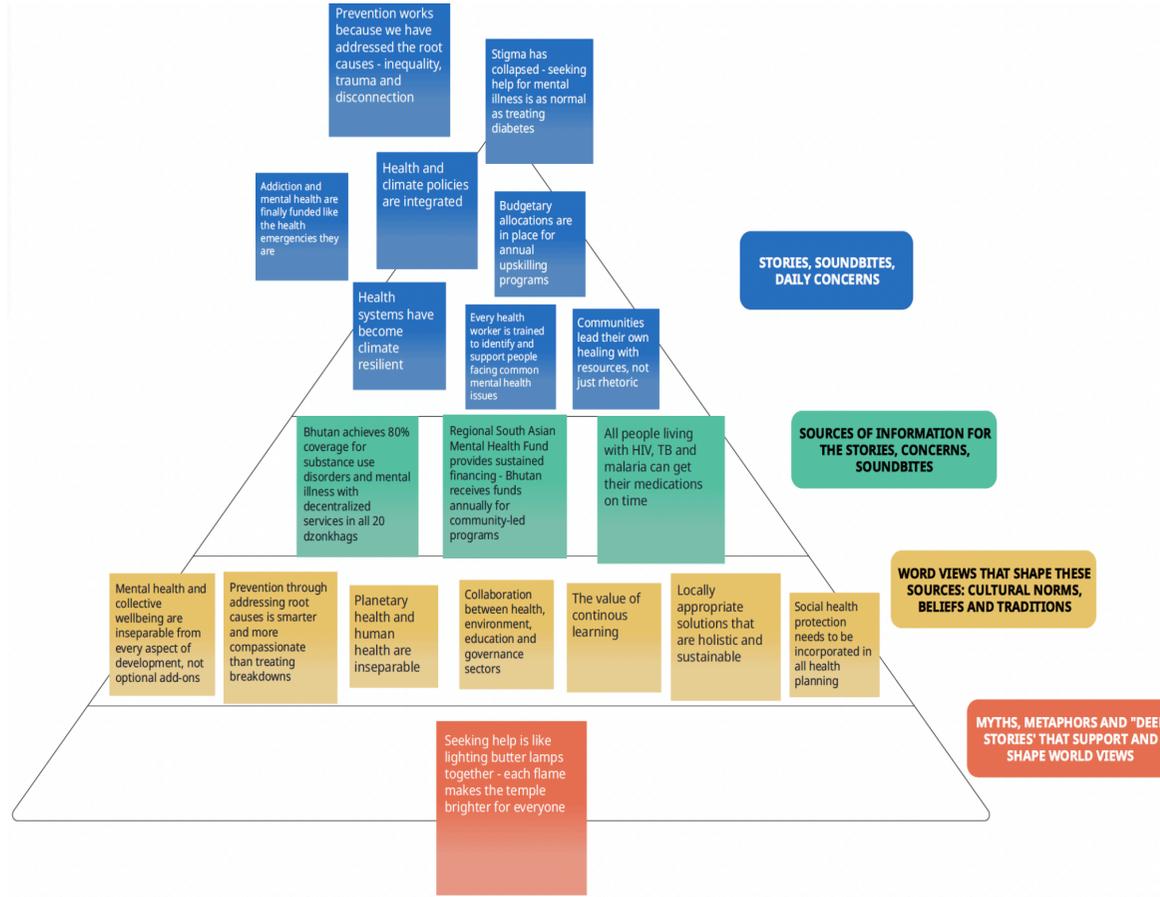
Implementation and Delivery

Relates to how health services are delivered, accessed and catered to meet local priorities, and focus on factors that determine how care is designed to meet consumers' needs, by whom care is provided, where care is provided and with the supports used to those providing and receiving care





CAUSAL LAYERED ANALYSIS: CURRENT CONTEXT



PREFERRED FUTURE CAUSAL LAYERED ANALYSIS